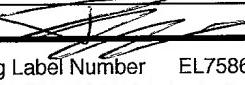
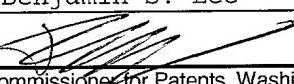


UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	2000-0184B	Total Pages	A		
First Named Inventor or Application Identifier							
Charles Robert Kalmanek Jr. et al.							
JC49 new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.	EL758615965US				
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>			ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231			
<p><input checked="" type="checkbox"/> Fee Transmittal Form <small>(submit an original, and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 15] <small>(preferred arrangement set forth below)</small></p> <ul style="list-style-type: none"> - Descriptive title of invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings(if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 6]</p> <p>4. Oath or Declaration [Total Pages]</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application(37 CFR 1.63(d)) <small>(for continuation/divisional with Box 15 completed)</small> <i>[Note Box 15 below]</i> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 163(d)(2) and 1.33(b)</small></p>			<p>5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small></p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy(identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 				
ACCOMPANYING APPLICATION PARTS							
<p>7. <input type="checkbox"/> Assignment Papers(cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 CFR 3.73(b)Statement <input type="checkbox"/> Power of Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement(IDS)/PTO-1449 Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>13. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>14. <input type="checkbox"/> Other :</p>							
<p>15. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No:</p> <p>Prior application information: Examiner: Group/Art Unit:</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>							
16. CORRESPONDENCE ADDRESS							
<input type="checkbox"/> Customer Number or Bar Code Label			<small>(Insert Customer No. or Attach bar code label here)</small>		<small>or</small> <input checked="" type="checkbox"/> Correspondence address below		
NAME	Samuel H. Dworetzky						
ADDRESS	AT&T CORP. P.O. Box 4110						
CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4110		
COUNTRY	United States of America					FAX	732-368-6932
17. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
NAME	Benjamin S. Lee					Reg. #	42787
TELEPHONE	908-221-5438					DATE	03/20/2001
SIGNATURE							
"Express Mail" Mailing Label Number EL758615965US						Date of Deposit 03/20/2001	
I hereby certify that this Formal Application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington D.C. , 20231							
Shawn McGee <small>(Printed Name of Person Mailing Paper)</small>							
 <small>(Signature of Person Mailing Paper)</small>							

FEE TRANSMITTAL <small>Patent Fees are subject to annual revision.</small>		<i>Complete if Known</i>	
		Application Number	
		Filing Date	03/20/2000
		First Named Inventor	Charles Robert Kalmanek Jr. et al.
		Examiner Name	
		TOTAL AMOUNT OF PAYMENT	\$710
	Group/Art Unit		
	Attorney Docket No.		

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)		
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:						
Deposit Account Number		01-2745				
Deposit Account Name		AT&T CORP.				
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance				
FEE CALCULATION						
1. FILING FEE						
Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid			
101	710	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	710			
106	320	Design Filing Fee				
108	710	Reissue Filing Fee				
114	150	Provisional Filing Fee				
SUBTOTAL (1)			710			
2. CLAIMS		<input checked="" type="checkbox"/> Filing Under 37CFR 1.53 (b) <input type="checkbox"/> CPA Under 37CFR 1.53 (d) <input type="checkbox"/> Amendment				
Large Fee Code	Entity Fee(\$)	Extra Claims	Fee from below	Fee Paid		
Total 4	- 20 =	0	x 18	=	0	
Ind 1	- 3 =	0	x 80	=	0	
Multiple Dependent Claims						
Large Fee Code	Entity Fee(\$)	Fee Description				
103	18	Claims in excess of 20				
102	80	Independent Claims in excess of 3				
104	270	Multiple Dependent Claims				
109	80	Reissue independent claims over original patent				
110	18	Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2)			0			
* Reduced by Basic Filing Fee Paid SUBTOTAL(3) 0						

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	Benjamin S. Lee			Reg. Number	42787
Signature				Date	3/20/2000
Deposit Account User ID					

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231